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ABSTRACT

The director of a child care facility implemented a practicum designed to assist preschool children with coping strategies. Of a class of 26 children, 8 males and 5 females were physically aggressive; 9 males and 5 females were verbally aggressive; and several children were antisocial, or exhibited withdrawal, disturbed, or immature behaviors. The primary goal of the intervention was to reduce behavioral indicators of stress in the classroom. A three-phase solution strategy was attempted. Intervention included the use of bibliotherapy involving parents and their children, in-service workshops that familiarized teachers with stress management techniques, and implementation of the Developing Understanding of Self and Others (DUSO) affective education curriculum. Practicum evaluation data indicated positive outcomes. Children began to request the DUSO program on a daily basis and continued to request it after the intervention. Related materials are provided in 13 appendices containing statistical graphs, survey and evaluation forms and a sample of the weekly log. (RH)

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Improving Stress-related Behavioral Indicators in the Preschool Classroom Through Prevention and Intervention

by

Rochelle Warm

Cluster XXV

A Practicum I Report Presented to the Ed.D. Program
in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

NOVA UNIVERSITY

1989

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PRACTICUM APPROVAL SHEET

This practicum took place as described.

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This practicum report was submitted by Rochelle R. Warm under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

Date of Final Approval of Report

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ABSTRACT

Improving Stress-Related Behavioral Indicators in the Preschool Classroom Through Prevention and Intervention. Warm, Rochelle R., 1989: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood.
Descriptors: Stress Variables/Stress Management/Relaxation Training/Preschool Children/Preschool Education/Preschool Curriculum/Discipline/Coping/Self Control/Mental Health

This practicum was designed to assist preschool children with coping strategies. The primary goal was to reduce behavioral indicators of stress in the classroom to improve learning situations, classroom management and a less stressful environment.

The writer implemented a three-phase solution strategy. This strategy included the use of bibliotherapy, teacher in-service workshops and an affective education curriculum. This particular strategy was chosen to provide parents and teachers with specific resources in an effort to assist preschool children with effective coping strategies.

The results of the practicum were positive. Analysis of the data revealed that the three-phase solution strategy assisted with reducing behavioral indicators of stress in the preschool classroom and encouraged adult-child relationships and increased communication.

CHAPTER I

INTRODUCTION

The setting was a childcare facility serving children ranging in age from 30 to 72 months. The licensed capacity of the facility is 60 children at one time and the total enrollment varies between 70 and 75 children due to part time programs available to the families.

The children come from the local and surrounding communities. The population of the facility is usually a blend of 90% Caucasian with 10% Hispanic, Negro, and Oriental. The socioeconomic background of the parents is middle to upper income, tuition being paid by the family as no government funding is available.

The school services non-handicapped and mildly handicapped students, the latter consisting of children with speech and language difficulties, visual impairment and mild hearing deficits.

The school provides, on the premises, speech and language therapy and refers seriously delayed students to county programs for free speech and language, visual, hearing and emotionally handicapped programs.

The philosophy fostered by the program includes meeting the physical, emotional, social and intellectual needs of the individual child through the combined use of a developmental curriculum and a caring, loving, family-oriented environment.

Each child enrolled in the program participates in a developmental assessment screening in an effort to determine the child's strengths and weaknesses and to devise an individual education program to be used in the establishment of goals and objectives. Skills are recorded throughout the child's enrollment and periodic assessments are conducted to determine any revisions in the IEP.

Each of the three classes is comprised of 20 children, with one teacher and one teacher assistant. A rotating assistant is available at all times, providing teachers with additional assistance during scheduled activities.

The facility is described as a modified open classroom with the kindergarten classroom serving as the only self-contained unit. This open formation enables the students to avail themselves of all the teaching personnel and allows the teachers clear view of all children at all times.

During the daily music period, approximately a 45 minute block of time, all the children are together and mixed age group activities are encouraged.

Each teacher and most teacher assistants possess an Associates Degree or other degree in early childhood or a related field. The kindergarten teacher holds certification in Elementary Education. Each staff member has been selected on the basis of educational qualifications, must exhibit an interest in fostering the prescribed developmental curriculum and must possess a caring nature and

a knowledge of positive discipline techniques.

The writer is the director/administrator of the child care facility. Twenty-four years of teaching experience, the last 14 years in early childhood education, has provided the writer with a great deal of applied knowledge in the field. The writer holds an undergraduate degree in early childhood education with certification to teach kindergarten through eighth grade and art; and a master's degree in early childhood administration. The scope of these combined degrees enables the writer to carry out curriculum design and implementation, teach classes, supervise and evaluate programs and staffing, and effectively manage the child care business.

The writer has been an adjunct professor at a local junior college for the past four years and is presently teaching a training course in early childhood studies.

The writer has served on the local community education committee for the past six years and has been active in fostering educational growth in the community. She is also a member of several professional organizations and has been an active participant for many years.

The writer has also been called upon to act as a child care consultant in developing programs and curricula and has conducted workshops for parents and professionals interested in the field of early childhood education.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

In monthly observations of the four to five year old class the writer had observed children exhibiting a great many stress- related indicators. These stress related indicators were interfering with learning situations and classroom management. The classroom teachers had expressed concern with children who on a daily basis acted out verbally or physically and disrupted learning situations. The teachers repeatedly stopped classroom activities and/or group time to quiet children who interrupted or called attention to themselves. Children were not able to follow directions due to distractibility on their part or interruptions from others.

In an ideal classroom situation children would be able to work out aggressive acts in a safe, acceptable manner. Children who exhibit disturbed peer relations would be able to discuss problems with teachers and parents and would receive assistance with finding appropriate methods for coping. The ideal staff would be able to cope more effectively with immature and distractible children, thus allowing the children to participate more effectively in all activities.

In an ideal situation the teachers would achieve an understanding of stress related indicators, their presence in the classroom, how they affect learning situations and means of assisting the children and their families with possible methods of coping.

The problem was that children in the four to five year old class were exhibiting a multiplicity of stress related indicators which were interfering with learning situations and classroom management.

Documentation of the Problem

In reviewing family background records for children in the four to five year old class it was evident that many changes and situations had occurred which can cause stress. Table 1 describes specific known stressors in these families.

Table 1

Known stressors affecting the children in the four to five year old class

Event	Number of children
Recent divorce or separation	8
New baby or pregnancy	8
Blended household or step-parent	4
Developmental delay	8
Full time daycare student	16
Recent move	10
Hospitalization,accident or illness	5
Recently adopted	1

In monthly observation sheets the writer observed repeated occurrences of stress related indicators (see Appendix A). Out of the 26 children in the class, eight males and five females were physically aggressive. This aggression took the form of hitting, biting, hurting

others, destroying property of others and attention seeking. Out of the 26 children in the class nine males and five females exhibited a great deal of verbal aggression. This included swearing and name calling, disruption of group time, shouting, crying, having tantrums and talking during quiet activities and lessons. Out of the 26 childen in the class six males and nine females participated in an abundance of antisocial behaviors such as nonsharing, bribery, stealing, destruction of classroom property, pouting and defiance. Out of the 26 children in the class nine males and nine females exhibited withdrawal or disturbed behaviors. These behaviors include whining, clinging, nonparticipation in activities, infrequent large muscle activity and inappropriate public personal habits. Further nine males and seven females exhibited a great deal of immaturity for their age level. These behaviors included thumb, shirt or finger sucking, an unusually short attention span the inability to follow directions and inattentive behavior (see Appendix A).

As a follow-up to classroom observations the writer completed the Walker Problem Behavior Identification Checklist (Walker, 1983) for each child in the four to five year old class to determine the need for intervention. According to the WPBIC any child who receives a T-score of 60 or higher should be referred for intervention.

In the acting out scale six males and four females received a T-score of 60 or higher. One male and one female

received a T-score of 60 or higher in the withdrawal scale. Nine males and three females had a T-score of 60 or higher in distractability. Five males and five females had a T-score of 60 or higher in disturbed peer relations and five males and four females had a T-score of 60 or higher in the immaturity scale (see Appendix B). These scores pointed to the presence of a problem and the need for intervention.

Parents of the children in the four to five year old class had expressed concerns about their children's home and school behaviors and had consistently requested resources to assist with coping. Table 2 describes the frequency of requests within the past six months.

Table 2

Frequency with which parents of children in the four to five year old class had requested resources to aid with coping skills.

Month	Requests from Parent of male child	Requests from Parent of female child
October	12	6
November	11	10
December	15	12
January	10	17
February	14	12
March	21	18

Causes of the Problem

As reflected in table 1 children had a variety of long term and short term stressors in their lives which can affect their behaviors. Children's responses to stress vary. Most of the children became incapacitated to some extent and exhibited behaviors which were overly aggressive, antisocial, disturbed or immature (see Appendix A). A survey of the parents of these children indicated that only four of the mothers had participated in a course in child growth and development or behavior management and only one father had participated in a course relating to parenting skills. Parents did not have the resources to assist children with methods of coping with these behaviors (see Table 2).

Only one of the three teachers in the four to five year old class completed a course in behavior management. The required child care certification course offers limited instruction in positive behavior techniques. Teachers were not sufficiently knowledgable in positive classroom techniques and therefore are not able to handle situations that arise.

Teachers also needed more guidance in providing developmentally correct activities to achieve the philosophy of the school. The teachers in the four to five year old class had limited coursework in child growth and development and did not have a great deal of experience

in providing developmentally appropriate activities.

The recent societal trend of hurrying children to achieve in school provided additional stress for the children. Many parents had unrealistic expectations for their children and were unaware of normal development and developmentally appropriate activities. Many educators add to this stress by providing a structured academic curriculum for preschool children.

Children needed more time for individual or small group attention to foster a feeling of self worth thus enabling them to cope with stressors and be more able to relate to their own emotions and the emotions of others.

Related Literature

Stress has been defined as " a nonspecific response of the body to any demand that exceeds the person's ability to cope, as a person-environment relationship that threatens or taxes personal resources, and as a mental state in response to strains or daily hassles (Honig,1986)." Honig also defined a stressor as an acute life event or a chronic environmental situation that causes disequilibrium. A stressor can be internal or external, resulting in a state of disharmony with the environment or the person (Humphrey & Humphrey, 1985).

Physiological reactions to stress include rapid heart

beat, perspiration, dilated pupils and adrenocortotrophic hormones discharged.Difficulty in swallowing may occur, the stomach may knot-up and a tightness in the chest may follow (Honig, 1986, Humphrey & Humphrey, 1985).

Behavioral reactions may include impaired speech functioning, distorted facial expression, excessive movement, skin flushing and temporary loss of memory (Honig, 1986, Humphrey & Humphrey, 1985).

Diseases associated with acute stress are high blood pressure, peptic ulcers, kidney disease, colitis, asthma, diabetes, headaches, rheumatic fever, rheumatoid arthritis and possibly cancer (Kersey, 1986).

Acute stresses, such as a visit to the doctor or a brief hospitalization arrive suddenly and cause a short term disturbance. Chronic stresses, such as divorce, child abuse and a handicapping condition may have long term effects and the impact may be cumulative (Honig, 1986).

Brenner (1984) states that Stress is unavoidable and is a necessary factor in learning. J.H. Humphrey (1984) suggests that the child's ability to cope and resources for coping are the link in balancing stress and obtaining equi-brium. "Stressors place childen at risk for social, emotional, physical and intellectual dysfunction (Blom, Cheney & Snoddy, 1986)." Jalongo (1986) and Edwards & Simpson (1986) discussed the need for adult intervention in assisting a child with coping skills. Cherry (1981) agreed that children need to acquire adaptive coping skills which

will in turn allow them to develop inner peace and the ability to "pull back from turmoil."

Cognitive theorists hold that children below the age of seven or eight may become anxious and stressed due to their inability to understand everyday phenomena (Seefeldt, 1984). Murphy & Leeper (1973) discussed how young children may respond to their frustrations by aggressive acts or by whining and crying.

Children are more vulnerable to stress than adults and are not likely to be able to cope with stress. A child cannot walk away from a stressor nor receive medication for nerves. Children are discouraged from daydreaming, another therapeutic means for reducing stress (J.N. Humphrey,1984).

A major source of stress for today's families is working conditions. "Stress at work carries over to the home where it affects first the relationship of parents to each other. Marital conflict then disturbs the parent/child relationship (Bronfenbrenner, 1986)." Fine (1987) related that marital breakdown has reached epidemic proportions. This,coupled with adjustment to step-parents, step siblings and extended families,is a major stressor for children.

Harrison (1971), Hendricks (1984), and Pratt,Wilson & Wright (1987) stressed the importance of children's knowledge of health care as a mediator in fearful or stressful medical situations. Preschool children are major consumers of health care services due to necessary immunizations and

susceptibility to childhood diseases and illnesses.

Mobility, media violence and high achievement expectations are increasing fears in children. Children are experiencing stress when exposed to these adult problems and behaviors (Draper & James, 1985).

Band and Weisz (1988) in their study on stress and coping asserted that several stresses are more threatening to children than individual stresses. Childen who are experiencing more stresses will have more problems and will require additional coping skills.

Children respond to stressors through anxiety related indicators such as fearfulness, attention seeking behaviors, aggressiveness, stealing, lying, shyness, hyperactivity, wetting and soiling, and sensuality (Hill, 1983). During the preschool years children cannot say what they are feeling and may respond to stress by whining, crying, exhibiting extra good behavior, showing an increase in fantasy or through an increased need for physical contact. Kersey (1986) discussed how children may become distractable, may exhibit phobias and compulsions, may show fear of failure, become restless or may exhibit poor peer relations. Boys respond to stressful situations with more behavioral indicators than girls (Longfellow & Belle, 1984).

A recent study done by Ney, Newman, and Young (1986) postulated that aggressive behavior and school difficulties are valid symptoms of childhood depression.

J.H. Humphrey (1984) discussed the four common stress response patterns that repeatedly appear in studies.

The dependent child, the first response pattern, can be either passive or aggressive in his/her demands. This child is immature, demanding and may exhibit regressive habits.

The second response pattern that appears is the impulsive child. This child exhibits acting out behaviors and is easily excited or overactive. A lack of appropriate control is evident.

The third response pattern to stress is the passive-aggressive child. This child can be either overly compliant or uncooperative. An underachiever usually fits into this category.

The final response pattern to stress appears in the repressed child. This child may exhibit signs of anxiousness and is quiet, shy and detached. He may be fearful and may exhibit nervous mannerisms.

Children exhibiting any of these four response patterns to stress will experience difficulty with learning situations. These behavioral indicators will interfere with classroom management and will divert the child's attention from learning (Honing, 1986).

Ferrari (1986) in his study on fears and phobias, indicated that an adaptive coping procedure commonly employed by children is fear. Fear is described as a

state of apprehension or response to a threatening situation and is a mediator in helping a child to cope with environmental stressors.

Adaptive coping to stress involves ignoring situations, the ability to find compromise solutions and finding substitute satisfactions and comforts. If a child has not been shown effective means of coping he/she will be prone to further stress. Honig (1986) related that teachers and parents must create low stress environments and must act as facilitators in assisting young children with coping abilities. Bronfenbrenner (1986) indicated that links must be created between the home, the peer group and the school to effectively deal with stressors and provide assistance with coping.

Much adaptive coping in young children is done through play. Mills and Spooner (1988) related that play gives children the chance to recreate a stressful experience and assists them with finding resolutions.

Children who are aware of stress and coping in their own lives are able to discuss conditions and events they find stressful and are able to describe their methods of coping (Band & Weisz, 1988).

Prevention and intervention can improve a child's emotional growth. Hill (1983) indicated that affective education can assist children in dealing with emotions that interfere with academic achievement.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Statement of General Goals

It is necessary for children to have assistance to cope with stressors. With this statement in mind,four goals were formulated. The first goal was to assist children with adaptive coping strategies. The second goal was to assist children with stress management in the preschool setting. The third goal was to provide children with a less stressful school environment. The fourth goal was to reduce behavioral indicators of stress as a means to improving classroom management and learning situations.

Behavioral Expectations

The writer formulated the following objectives to carry out the goals of the Practicum:

1. Over a period of 12 weeks, parents of the four to five year old children who exhibit behavioral indicators will show an increase in assisting their children with stress coping strategies as measured by a teacher-made evaluation form by responding affirmatively to four out of seven questions.

2. Over a period of 12 weeks, the teachers in the four to five year class will show an increased knowledge of stress management techniques as

measured by attaining a score of 80% on a teacher-made evaluation form.

3. Over a period of 12 weeks, the classroom environment in the four to five year old class will be evaluated as less stressful as measured by a teacher-made questionairre by affirmative response to 30% of the questions.

4. Over a period of 12 weeks, five of the ten children in the four to five year old class who scored a total T-score of 60% or higher on the Walker Problem Behavior Identification Checklist (Walker, 1983) will each attain a total T-score below 60% at the end of the implementation period.

Evaluation Instruments

Objective one was to be measured by a teacher-made evaluation form is in the form of a written survey (see Appendix C). This type of measurement device was chosen to determine a change in stress coping strategies following the implementation period of the practicum.

Objective two was to be measured by pre-test/post-test written survey (see Appendix D). This type of measurement device was chosen to allow the teachers to evaluate their knowledge of stress management techniques before and after the implementation period.

Objective three was to be measured by a teacher-made observation form which was to be completed by the writer at the end of the implementation period (see Appendix E). This type of measurement device would enable the writer to evaluate any change in environment during the implementation period.

Objective four was to be measured by obtaining the

T-scores of the children in the four to five year old class by means of the Walker Problem Behavior Identification Checklist (Walker, 1983). This measurement device was planned to be useful as a pre-test/post-test before and after the implementation period of the practicum (see Appendices B,L and M).

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Solutions

Bronfenbrenner (1986) suggests having the community involved with preschool children as a means of coping with stressors. He suggested getting the elderly involved with the students and having volunteers available to step in and assist with family crises. While this would have been a beneficial way of assisting families with stress, the writer felt that it would be difficult to implement a major project such as this in such a short period of time.

Ferrari (1986) and Draper & James (1985) in their studies relating to fears and phobias suggested intervention based on developmental considerations. Band & Weisz (1988) also emphasized the need for cognitive development in a child's adaptive coping skills. The writer agreed that intervention must be based on developmentally appropriate cognitive skills in order to be effective with preschool children.

Ney, et al (1986) suggested that depression in children may be masked by overly aggressive behavior. The need for identification of these children and intervention in their behalf is critical. The writer agreed with these statements and viewed intervention as an active part of the

curriculum.

Edwards and Simpson (1986) recommended bibliotherapy as a means of communication between parents and children. Bibliotherapy is defined as using literature as a means of promoting mental health. Their recommendations included careful planning on the part of the parent. The parent must determine the needs of the child and listen to what the child has to say. Jalongo (1986) suggested using books to foster emotional growth and stability. Books can stimulate adult-child interactions and legitimize the child's emotional responses to stressful situations. The author stated that teachers should use bibliotherapy when events occur which affect more than one child. Literature can be used to allay fears, justify emotions and to introduce various coping strategies. In using bibliotherapy children should be encouraged to discuss the story characters, make inferences about emotional reactions portrayed, apply information to their own experiences, and synthesize techniques for coping with crises. Blom, Cheney, & Snoddy (1986) discussed children's literature as a medium for reactive intervention in children's stress. The writer considered bibliotherapy to be a valuable option for the Practicum, as it involves parents, teachers and children.

Murphy and Leeper (1973) described how tension leads to bedlam in childcare centers. Suggested as a cure for bedlam were realistic developmental expectations, proper time planning in activities, a well-planned physical environment,

recognition of individual needs, fixed limits of behavior and an orderly atmosphere. Swick (1987) and Humphrey & Humphrey (1985) recommended effective room management, relevant curricula, physical exercise and proper nutrition as a means to a stress free environment. The writer agreed with these statements and found the authors' suggestions to be helpful in formulating a solution strategy.

Harrison (1971) discussed a curriculum based on the philosophy that health education will build the child's knowledge about himself and therefore build his self-concept. Pratt, Wilson and Wright (1987) related the benefits of health education programs for preschool children. The authors felt that these programs will contribute to a child's cooperative and calm manner when confronted with a physical or dental exam or a hospitalization. Hendricks (1984) recommended health education for all preschool children. The author discussed a wholistic approach to health education including growth and development, community health management, personal health, safety and first-aid, nutrition, consumer health, family life and health, mental and emotional health, disease prevention and control, drug and alcohol abuse and death education. While the health education approach has a positive effect on children's knowledge, the scope of the curriculum does not lend itself to a specific concentration on stress management. Therefore, the writer chose not to institute a health education program as part of the Practicum.

Hill (1983) discussed the rationale for affective education. Affective education programs assist children in relating to others, resolving conflicts, and dealing with emotions. The author felt that affective education is useful in handling emotions that interfere with academic achievement. Affective education also promotes creative thinking and self control. Honig (1986) and Humphrey,J.H. (1984) recommended affective education as a means to improving self esteem which will help the child to cope with external stressors. Fine (1987) in his review of studies indicated that high self esteem counteracts detrimental effects of stressors. Dinkmeyer & Dinkmeyer (1982) discussed the importance of affective education in helping children to develop a positive self image and become aware of the relationship between themselves and others. The writer viewed affective education as a means of providing coping resources for children experiencing stressful situations. Such a program would be useful in promoting self control and handling conflicts and emotions for children in the four to five year old class.

Cherry (1981) presented a curriculum of stress reduction. She discussed the need for children to understand tension and the knowledge to ease the symptoms of stress. The writer found the need for relaxation therapy as a means to stress reduction in the four to five year old class. These methods assisted with classroom management which in turn led to an improved learning

situation.

Elkind (1981) suggested that play is a natural way of dealing with stress. Children need time for self expression and freedom from the effects of hurrying brought about by stressors in todays' society.

Mills & Spooner (1988), in expanding this philosophy, believe that pushing young children before they are developmentally ready will cause adverse results. Seefeldt (1984) discussed the need for teachers awareness of child growth and development and appropriate classroom activities. The writer agreed with these statements and also espouses a developmental philosophy. Dramatic and fantasy play do relieve stress in the classroom and were a part of the solution strategy.

Kersey (1986) suggested that children develop coping skills through observation and imitation of appropriate role models. Longfellow & Belle (1984) in their research also indicated that role modeling provides a buffer to stressful conditions. The writer agrees with this premise and used these suggestions in the solution strategy.

Brenner (1984) suggested a two fold plan for helping children cope with stress. The author's strategy involves helping children to make friends who will support them when they are having difficulties and secondly, the benefits of building self esteem as a means of dealing with stressors. The writer sees the need for this in a stress management program and included these ideas in the solution.

Humphrey, J.N.(1984) discussed the benefits of creative relaxation as a means of stress reduction. Creative movement is beneficial in overcoming fatigue, tenseness and physiological changes brought about by stress. The writer used relaxation strategies and creative movement in the solution strategy. These methods can work as either prevention or intervention in the classroom.

Description of Selected Solution

In reviewing the related literature, the writer chose a three-phase solution strategy. This strategy was chosen to provide parents and teachers with specific resources in an effort to assist children in the four to five year old class with effective coping abilities. It also provided a less stressful classroom environment and, as a result, assisted in the reduction of stress related behavioral indicators.

The first phase of the solution strategy was bibliotherapy. Children's books were available at the school to provide parents and teachers with appropriate materials to assist children with coping strategies.

The second phase of the solution strategy was the implementation of an affective education curriculum. The chosen curriculum was the DUSO Developing Understanding of Self and Others (Dinkmeyer & Dinkmeyer, 1982). This program is appropriate for four and five year old children.

It was chosen to provide teachers with resources to assist children with stress management by increasing children's knowledge about their emotions and feelings and concentrated on improving their self esteem.

The third phase of the solution strategy was the implementation of a number of teacher in-service workshops. This strategy was chosen to familiarize teachers with stress management techniques to assist with providing a less stressful environment and to improve classroom management and learning situations.

Report of Action Taken

The writer, in initiating the bibliotherapy portion of the practicum, sent a notice to the parents of the children in the four to five year old class explaining the goals of the practicum and encouraging participation (see Appendix I).

A selection of children's books dealing with such topics as hospitalization, emotions, siblings, working mothers, divorce and school adjustment were made available to parents and teachers. Selected books and articles discussing positive discipline and behavior management techniques were also made available on a lending basis.

The writer distributed a parent/teacher guide to bibliotherapy and an evaluation form for the purpose of rating the appropriateness of each book (see Appendix F). This form also included a section for comments.

One parent, in discussing her child's reaction to a book dealing with friendship, related that her child "was very talkative through this book. He had stories to tell about his friends. On almost every page there was something that had happened to him. He also said that he's making new friends every day."

Another parent, evaluating a book about new babies, wrote " The book made my child feel more comfortable about sharing his room with the baby."

In an evaluation of a book portraying differences in people, one parent wrote " My child said he is not going to have a hairy face like the man in the story and it's lucky for us that he doesn't know anyone with so many wrinkles like the lady in the story."

The evaluations included many such encouraging and amusing comments. The books opened up discussion and communication and were borrowed again and again.

Bibliotherapy assisted with meeting the first two goals of the Practicum. Parents and teachers were better able to assist children with coping strategies.

The DUSO Developing Understanding of Self and Others (Dinkmeyer & Dinkmeyer, 1982) was introduced on a twice weekly basis to the children in the four to five year old class. Since the implementation period of the practicum was only 12 weeks in length, it was unreasonable to expect to embrace all the goals of the affective education curriculum. The writer , in reviewing the behaviors

exhibited by the children in the four to five year old class, decided to focus on several specific goals of the DUSO curriculum. The classroom discussions and activities included such goals as: consciousness and acceptance of one's feelings and the feelings of others; initiating friendships and sharing with friends; recognition of one's self worth, capabilities, achievements and limitations; when and how to ask for or offer help; and how to discriminate between real and imagined fears. Activities included music, guided fantasy, puppetry, role play and storytelling.

Each week another goal of the affective education curriculum was addressed. Every other week at least one previous goal would be reviewed. When a teacher or child would request a specific activity or goal the writer would comply. Encouraging the enthusiasm of the staff and the children was important to the goals of the Practicum.

This phase of the solution strategy worked to satisfy goals three and four of the Practicum. The curriculum assisted teachers with providing a less stressful environment and as a result reduced behavioral indicators and improved classroom management and learning situations.

The third phase of the solution strategy involved assisting teachers with knowledge about stress related behavioral indicators and their possible causes, how to provide a less stressful environment, appropriate methods of behavior management and positive discipline techniques.

This was accomplished through a series of teacher in-service meetings.

The first in-service meeting included a discussion of the goals of the Practicum. The teachers of the four to five year old class completed a self-evaluation form (see Appendix D) to determine their knowledge of stressors and stress management techniques. Known stressors, defined in the documentation of the problem, were discussed and behavioral indicators were identified.

Teachers were made aware of a variety of creative movement exercises and were taught relaxation strategies.

The creative movement exercises included activities about changes in the weather, isometrics, yoga, animal walks and movements, the expression of feelings through music and dance and charades.

Relaxation strategies included stories, finger plays, guessing games, rhyming, poetry, active and passive games, humor, nature walks, meditation and nonverbal communication.

During the implementation period the teachers were provided with a variety of developmentally appropriate activities to use in their classroom.

A weekly log (see Appendix H) was kept to determine the success or failure of each relaxation and/or stress reduction technique.

During another teacher in-service meeting several other aspects of the Practicum were discussed.

The writer and the teachers evaluated the physical

environment of the classroom to assist with achieving a reduction in stress. Quiet corners were added to the room to help the children achieve self control and to allow them to acknowledge their emotions. Each teacher also added additional learning centers to assist children with the initiation of friendships.

An additional teacher in-service meeting concentrated on behavior management concepts and appropriate positive discipline techniques. Teachers learned or reviewed such concepts as anticipation, foreshadowing, "I" messages, praise, modeling and realistic expectations.

These methods helped to provide a less stressful environment and worked to satisfy goals one through three of the Practicum. Teachers were also able to assist the parents of the children in the four to five year old class with any questions regarding appropriate discipline techniques.

The final phase of the program was evaluative. The writer and teaching staff completed the Walker Problem Behavior Identification Checklist (Walker,1983) for each child in the four to five year old class.

The writer completed the Classroom Environment Survey (see Appendix E) to determine the effect of the curricula and in-service meetings on the environment in the four to five year old class.

Results of the Parent Evaluations (see Appendix D) and Guide to Bibliotherapy (see Appendix F) were tallied. The

Teacher Self-Evaluation Surveys (see Appendix D) were read and compared.

Lastly, teachers completed an open-ended questionnaire (see Appendix G) as a means to evaluating the affective education curriculum, the creative movement exercises and the relaxation strategies.

CHAPTER V

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Results

Objective One was measured by the parents' completion of a teacher-made evaluation form (see Appendix C). Eighteen parents availed themselves of the bibliotherapy materials on a regular basis. All responded positively to at least 4 out of 7 questions. Five parents had some difficulty recognizing developmental stages and scored undecided as their response. All other questions elicited "agree" or "strongly agree" as the response.

As evidenced in Table 3 parents agreed that they were better able to help children with coping strategies through the use of bibliographic materials.

Table 3. Parent Responses to Bibliotherapy

Questions	SA	A	U	D	SD
1	3	10	5	0	0
2	11	7	0	0	0
3	16	2	0	0	0
4	18	0	0	0	0
5	12	6	0	0	0
6	14	4	0	0	0
7	13	5	0	0	0

All parents using the bibliotherapy materials during the implementation period completed Bibliotherapy Evaluation Forms (see Appendix F) to respond to the effectiveness of each chosen book. All books were favorably received and comments were discussed during parent meetings.

Objective Two was measured by a pre-test/post-test teacher-made written survey (see Appendix D). The pre-test was administered at a teacher in-service meeting during the first week of the practicum implementation period. The scores produced by the two classroom teachers in the 4 to 5 year old class were 42 and 66%. At the post-test, which was administered to the same teachers during the last week of the implementation period, scores of 100% were realized. Teachers were more aware of positive discipline techniques and were cognizant of methods of relaxation and stress reduction techniques.

Objective Three was measured by a teacher-made observation form (see Appendix E). The purpose of this device was to ascertain the effectiveness of the stress reduction techniques and behavior management techniques on the total classroom environment. The writer completed the form after weekly observations and found an overall improvement in the teacher's behavior management techniques. The writer had anticipated a minimal improvement of 30% in the overall environment due to the limited implementation period. The writer was delighted to observe a greater improvement and noted a 60% increase in stress reduction in

the classroom. This is also evidenced in a comparison of occurrances of stress related indicators before and after the implementation period (see Appendices J and K). Males and females in the 4 to 5 year old class became less aggressive and less antisocial and exhibited a lower level of disturbed behaviors. They also exhibited fewer indicators of immaturity (see Appendix J). Appendix K provides a comparison of occurrences of stress related indicators during the pre and post-implementation period.

Objective Four was measured by the completion of the Walker Problem Behavior Identification Checklist (Walker, 1983). Results indicated a marked decrease in problem behaviors for males and females in the 4 to 5 year old class (see Appendices L and M). Out of the 26 children in the 4 to 5 year old class only three males continued to score a total T-score of 60% or higher in the acting out scale. One male and one female continued to receive a T-score of 60% or higher in both the distractibility and disturbed peer relations scales. Two males and one female received a score of 60% or higher on the immaturity scale (see Appendix L).

Appendix M provides a comparison of the results of the WPBIC (Walker, 1983) during the pre and post-implementation periods.

Conclusions

Objective One, which concerned assisting children with

stress coping strategies through increased parental knowledge, was met well within the desired limits as evidenced by data presented in the previous section. This goal was accomplished through the use of bibliotherapy. Jalongo (1986) recommended bibliotherapy as a means to stimulate adult-child interactions and communication. Jalongo also recommemded books portraying true-to-life situations which would foster honesty and sensitivity while recognizing the cognitive level of the child. Books and supplementary materials were chosen with this in mind. The guide to bibliotherapy & evaluation form (Appendix F) provided basic guidelines for parents and allowed input as to the chosen books.

Honig (1986) related the increase of stress levels in children due to inappropriate and poor parenting skills. Several parents requested books and/or materials on behavior management and appropriate discipline techniques. Parent discussion and written comments indicated the helpfulness of such materials in dealing with their own and their child's emotions and behaviors.

The success of the bibliotherapy portion of the practicum supported the contention of Edwards & Simpson (1986). Edwards & Simpson suggested that parents are influential in their child's social and personal development and that bibliotherapy can encourage a warm relationship to foster such growth.

Two unexpected outcomes occured as a result of the

bibliotherapy portion of the practicum. First, the teachers became very interested and involved with the selection of books and materials. Second, parents continued to request books and materials long after the completion of the implementation period. Parents also continued to desire assistance with handling new or increased stressors in their home environments.

The second and third objectives, which concerned increasing the teacher's awareness of stress management techniques, exceeded the expected outcome. The substantial improvement in the classroom environment made the teachers aware of their previous lack of classroom management techniques. Discussions during in-service meetings provided the teachers with knowledge of stressors and stress related behavioral indicators as well as a means of providing a less stressful environment.

The results substantiate Murphy & Leeper's (1973) contention that the improvement of poor classroom management techniques will lead to a reduction of tensions and behavioral indicators of stress in the classroom. Further, when teachers learn the signs of excessive tension and learn how to avoid "bedlam" then the atmosphere will foster "sound child development."

The writer observed improved control in the classroom environment and an increase in appropriate methods for handling behavioral indicators of stress.

A major unanticipated outcome of the practicum was the

childrens' enthusiasm for the chosen affective education curriculum. The children attributed an almost "magical quality" to the DUSO curriculum (Dinkmeyer & Dinkmeyer, 1982). They began to request the program on a daily basis and continued to do so after the implementation period. These results were supported in a telephone conversation with Dr. Dinkmeyer, who mentioned that other classrooms had experienced the same "magical quality" and stated that children began calling the teacher Ms. or Mr. Duso (D. Dinkmeyer, Sr., personal communication, January 18, 1989).

A second unanticipated outcome was the success of the creative movement exercises and relaxation strategies. The teachers continued to use these techniques in the classroom and favored guided fantasy, isometrics and yoga to reduce stress and provide smooth transitions to other activities.

A third unanticipated outcome was the increased inclusion of play in the daily curriculum. Children were encouraged to use play as a coping strategy for stress. These findings support the contention of Mills & Spooner (1988) who related the importance of fantasy and play as a means to gaining control of oneself. They stated that play assists the child with recreation of stressful experiences in order to arrive at a resolution.

Recommendations

The writer has five specific recommendations based on the results of this practicum. First, parenting classes

should be developed and encouraged for parents of preschool children. The results indicated a desire on the part of parents to assist their children with coping skills and to familiarize themselves with appropriate behavior management techniques. These classes could address stressors and behavioral indicators of stress and provide information and materials to assist with positive discipline techniques. Second, preschool teachers need to become cognizant of stressors and the means to cope with behavioral indicators of stress in the classroom. Third, the curriculum of every preschool should include play as a buffer against stress and as a means to coping with stressors in daily living. Fourth, the curriculum must work towards improved self concept and socialization skills to assist children with emotional and social development. Finally, appropriate books and materials should be available to preschool children, their parents and teachers to encourage communication and adult-child interactions as a means to coping with stress and to improved mental health.

With the increase in divorce and/or separation, blended households, working mothers and transitions in childhood it is imperative that children and their families are provided with the means for coping with stress. The writer's recommendations address this need and provide for positive interaction to foster self-confidence and an improved self concept.

Dissemination

The results of this practicum report were shared in two ways. First, through a teacher in-service meeting including all teachers in the child care setting. The writer was available to assist other teachers with implementation of coping activities in their classrooms. Second, the writer discussed the results with parents and was available to answer questions relating to the practicum implementation.

The results of the practicum report will be disseminated by the writer to participants in an early childhood conference. The writer will be available to share materials and records used during the implementation period and to assist other professionals in developing their own stress prevention and/or intervention program.

References

Band, E.B. & Weisz, J.R.,(1988). Stress and Coping in Children, Journal of Experimental Psychology, 24(2) 247-253.

Blom, G.E., Cheney, B.D. & Snoddy, J.E. (1986). Stress In Childhood. New York: Teachers College Press.

Brenner, A. (1984). Helping Children Cope With Stress. Massachusetts: Lexington Books.

Bronfenbrenner, U. (1986). Alienation and the Four Worlds of Childhood. Phi Delta Kappan. 430-436.

Cherry, C. (1981). Think of Something Quiet. California: David S. Lake.

Dinkmeyer, D. Sr. & Dinkmeyer, D. Jr..(1982) DUSO. Revised: Developing Understanding of Self and Others. Maine: American Guidance Service.

Draper, T.W. & James, R.S. (1985). Preschool Fears: Longitudinal Sequence and Cohort Changes. Child Study Journal. 15(2) 147-155.

Edwards, P.A. & Simpson, L. (1986). Bibliotherapy: A Strategy for Communication Between Parents and their Children. Journal of Reading. 110-117.

Elkind, D. (1981). The Hurried Child. Massachusetts: Addison-Wesley Publishing company.

Ferrari, M. (1986). Fears and Phobias in Childhood: Some Clinical and Developmental Considerations. Child Psychiatry and Human Development. 17(2) 75-87.

Fine, S. (1987). Children in Divorce, Custody and Access Situations: An Update. Journal of Child Psychiatry. 28(3) 361-364.

Harrison, D.D. (1971). Healthy That's Me: A Health Education Curriculum for Health Start. Washington, DC: Office of Child Development (ERIC Document Reproduction Service No. ED 058 570).

Hendricks, C.M. (1984). Hale and Hardy's Helpful Health Hints. Health Education. 29-31.

Hill, B.M. (1983). Effective Child Guidance: An Educator's

Guidebook. Nova University. (ERIC Document Reproduction Service No. ED 258 702).

Honig, A.S. (1986). Research in Review. Stress & Coping in Children. In J.B. McCracken (Ed.). Reducing Stress in Young Children's Lives. (pp.142-167). Washington, DC: National Association for the Education of Young Children.

Humphrey, J.H. (1984). Some General Causes of Stress in Children. In. J.H. Humphrey (Ed.). Stress in Childhood. (pp.3-18). New York: AMS Press, Inc.

Humphrey, J.N. (1984). Creative Relaxation: A Stress Reduction Technique for Children. In J.H. Humphrey (Ed.). (pp. 301-324). New York: AMS Press, Inc.

Humphrey, J.H. & Humphrey, J.N. (1985). Controlling Stress In Children. Illinois:Charles C. Thomas.

Jalongo, M. (1986). Using Crisis-Oriented Books With Young Children. In J.B. McCracken (Ed.). Reducing Stress in Young Children's Lives. (pp.41-46). Washington, DC: National Association for the Education of Young Children.

Kersey, K. (1986). Helping Your Child Handle Stress. Washington, DC: Acropolis Books,LTD.

Longfellow, C. & Belle, D. (1984). Stressful Environments and Their Impact on Children. In J.H. Humphrey (Ed.) Stress In Childhood. (pp.63-78). New York:AMS Press, Inc.

Mills, B.C. & Spooner, L. (1988). Preschool Stress and the Three R's. Dimensions. 16(2). 8-10.

Murphy, L.B. & Leeper, E.M. (1973). Away From Bedlam: Caring For Children. Number Four. Washington,DC: Child Development Services Bureau. (ERIC Document Reproduction Service No.ED 082 403).

Ney, P.,Colbert,P.,Newman, B.,& Young, J. (1986). Aggressive Behavior and Learning Difficulties as Symptoms of Depression in Children. Child Psychiatry and Human Development. 17(1). 3-14.

Pratt, C.C., Wilson, B. & Wright, C. (1987). The Effects of a Preschool Health Education Program Upon Children's Health Knowledge and Reactions to Health Examinations. Health Education. 12-15.

Seefeldt, C. (1984). Growth and Development- A Source of Stress. In J.H. Humphrey (Ed.) Stress In Childhood.

(pp.19-46). New York: AMS Press, Inc.

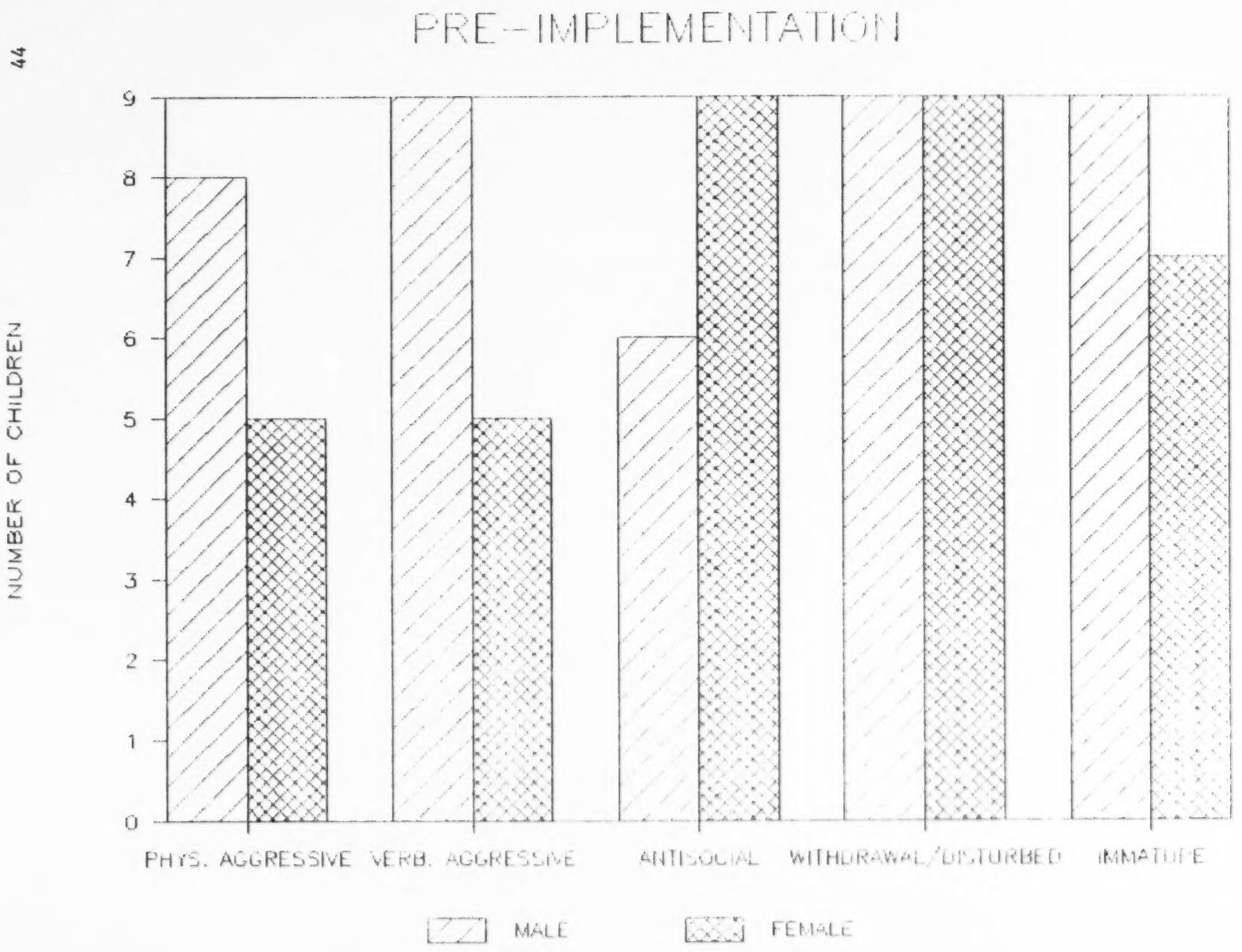
Swick, K. (1987). Managing Classroom Stress. Dimensions. 15(4). 9-11.

Walker, H.M. (1983) Walker Problem Behavior Identification Checklist. California: Western Psychological Services.

APPENDICES

APPENDIX A

OCCURRENCES OF STRESS RELATED INDICATORS
PRE-IMPLEMENTATION


PRE-IMPLEMENTATION
NUMBER OF CHILDREN
0
1
2
3
4
5
6
7
8
9
PHYS. AGGRESSIVE
VERB. AGGRESSIVE
ANTISOCIAL
WITHDRAWAL/DISTURBED
IMMATURE
MALE
FEMALE

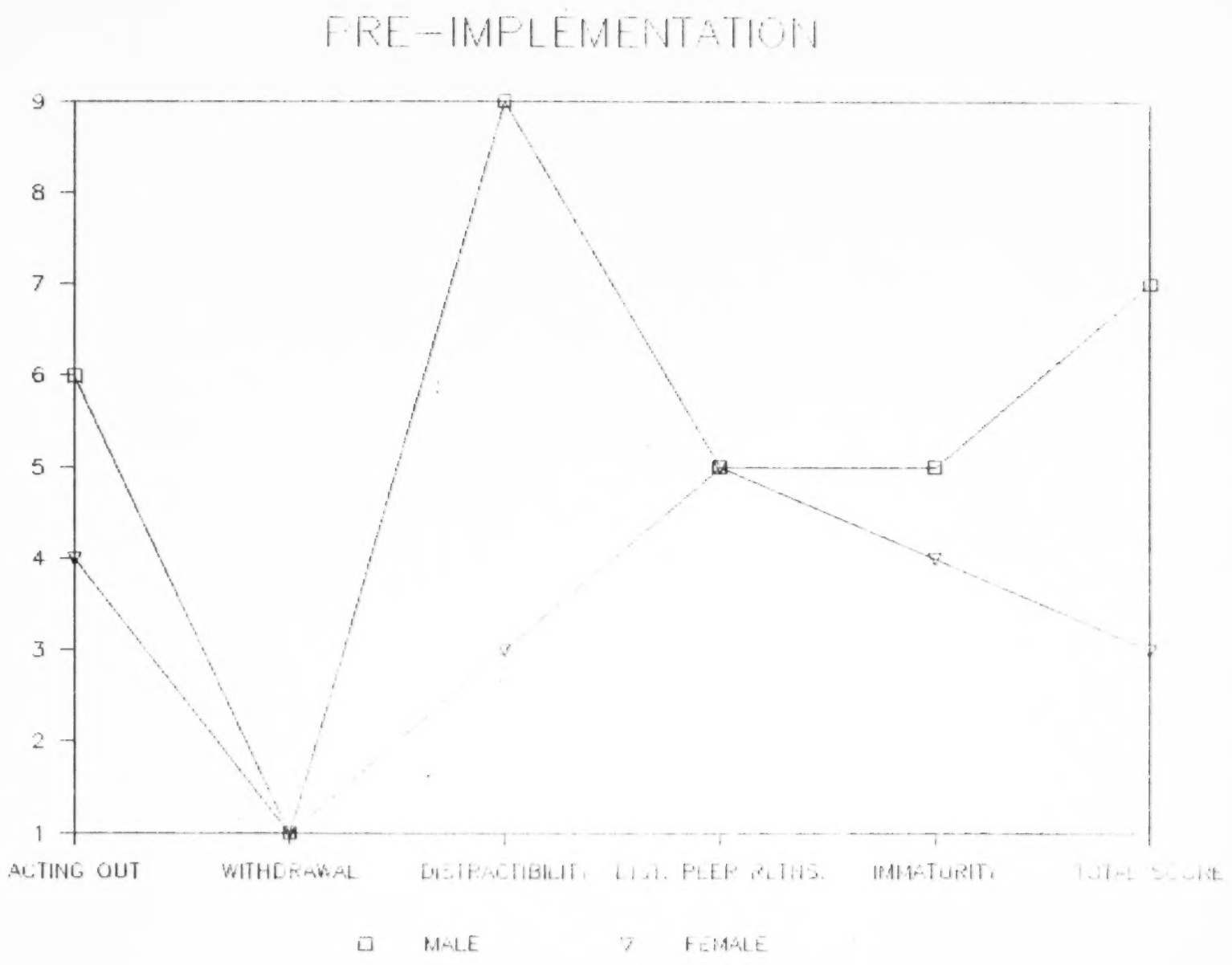
50

51

APPENDIX B

CHILDREN SCORING A T-SCORE OF 60% OR HIGHER
PRE-IMPLEMENTATION

CHILDREN WITH T-SCORE OF 60% OR HIGHER



APPENDIX C

PARENT EVALUATION FORM

EVALUATION FORM

Instructions: This evaluation is to be completed after the bibliotherapy and stress reduction materials have been presented. Please circle your response to the following statements.

5 = strongly agree
4 = agree
3 = undecided
2 = disagree
1 = strongly disagree

5	4	3	2	1	(1)	I was better able to recognize my child's cognitive stage of development.
5	4	3	2	1	(2)	I have been able to anticipate periods of regression, problems and anger.
5	4	3	2	1	(3)	I have been able to encourage verbal expressions of anger.
5	4	3	2	1	(4)	I encourage my child to express opinions, give suggestions and find solutions to situations.
5	4	3	2	1	(5)	I have been able to tell my child the truth about problems and situations.
5	4	3	2	1	(6)	I am able to reassure my child that he/she is loved and am consistent with him/her.
5	4	3	2	1	(7)	I encourage competence and independence within my child.

APPENDIX D

TEACHER SELF EVALUATION FORM

SELF EVALUATION FORM

1. List 10 stressors which may be present in the lives of the children in your classroom.

2. List 10 behavioral indicators of stress which may be present in your classroom.

3. List 5 ways of controlling the physical environment to achieve reduction of stress in the classroom.

4. List 5 means to promoting relaxation in the classroom.

5. List 5 ways rest times can be made more relaxed.

6. List 5 ways we can assist children with expressing their feelings.

7. List 10 appropriate discipline techniques which could be used in your classroom.

APPENDIX E

CLASSROOM ENVIRONMENT SURVEY

EVALUATION

Instructions: Please circle your response to the following statements.

Agree Disagree (1) Classroom problems are avoided through:

Forethought
Restructuring of time
Planned transitions
Foreshadowing
Appropriate activities
Clear expectations
Limited choice vs. Free choice

Agree Disagree (2) Teachers are aware of and respond appropriately to each childs:

Activity level
Adaptability
Physical sensitivity
Intensity of reaction
Distractibility
Mood
Persistence

Agree Disagree (3) Teachers increase appropriate behavior through:

Positive strokes
Positive reinforcement
Praise

Agree Disagree (4) Teachers teach new behaviors through:

Modeling
Simple Instruction
Shaping

Agree Disagree (5) Teachers decrease inappropriate behaviors through:

Ignoring
Substitution
Modifying the environment
Choosing appropriate consequences
Time-Outs

Agree Disagree (6) Space is set aside for one or two children to play alone

Agree	Disagree	(7)	Supervised free play outdoors and indoors is available and encouraged
Agree	Disagree	(8)	Small group and large group activities are provided
Agree	Disagree	(9)	One to one adult/child activities are provided
Agree	Disagree	(10)	Dramatic play props are provided
Agree	Disagree	(11)	The schedule is balanced between active and quiet activities
Agree	Disagree	(12)	The atmosphere is calm but busy
Agree	Disagree	(13)	Staff and children appear relaxed
Agree	Disagree	(14)	Teachers and children show warmth and mutual respect
Agree	Disagree	(15)	Interruptions during class time have decreased

APPENDIX F

GUIDE TO BIBLIOTHERAPY

Bibliotherapy

Using literature for the purpose of promoting mental health.

Pointers to follow:

1. Read the book yourself.
2. Prepare questions based on the story and to develop concepts.
3. Make sure you have sufficient time before you begin.
4. Set the stage with introductory remarks.
5. Read to the child-interject questions & comments.
6. Follow-up - review concepts,clarify any information-communicate an acceptance of their emotional responses.
7. Complete the evaluation form and choose another book if you desire.

Evaluation Form

1. The child was able to identify with the plot, setting, dialogue and characters. Agree___ Disagree____
2. The book used correct terminology, psychologically sound explanations and portrayed events accurately. Agree___ Disagree____
3. The origins of emotional reactions are revealed and inspected. Agree___ Disagree____
4. The book reflects an appreciation for individual differences. Agree___ Disagree____
5. Good coping strategies are modeled for the child. Agree___ Disagree____
6. The book assisted in initiating discussion related to the subject. Agree___ Disagree____
7. The book presents crises in an optimistic and surmountable position. Agree___ Disagree____

Comments:

APPENDIX G

EVALUATION OF CURRICULUM

EVALUATION

1. Which creative movement exercises were successful in your classroom?

2. What made them successful and would you be able to use them in the future?

3. Which relaxation strategies were successful in your classroom?

4. What made them successful and would you be able to use them in the future?

5. Which creative movement exercises were not useful in your classroom and why?

6. Which relaxation strategies were not used in your classroom and why?

7. What did you like most about the affective education curriculum?

8. What did you like least about the affective education curriculum?

9. Has the stress reduction curriculum improved your classroom management techniques?

APPENDIX H

WEEKLY LOG

WEEK_____

SUCCESSFUL METHODS:

WHAT WAS SUCCESSFUL ABOUT THESE METHODS?

UNSUCCESSFUL METHODS:

WHAT WAS UNSUCCESSFUL ABOUT THESE METHODS?

APPENDIX I

LETTER TO PARENTS

MEMO: TO ALL PARENTS

RE: STRESS REDUCTION AND STRESS PREVENTION

We have begun the implementation of a stress reduction and stress prevention curriculum. The purpose of this is to assist children and their families with coping resources for stress producing situations.

Children are vulnerable to their environment and to people in their lives to whom they feel close. Some situations that can create stress are:

an illness-visit to the doctor or dentist
a new baby in the home
a parent leaving the home
a move to a new home
another child or adult moving into your home
adoption
parents' financial problems
parents' work and social schedules
a death or terminal illness
school or child care
extremes in weather
preparing to go on a family trip
strangers and other fears
changes in the home or school setting

These and other situations may cause tensions within your child. In striving for a serene atmosphere we will intoduce a curriculum of creative movement, relaxation exercises, affective education and the use of bibliotherapy.

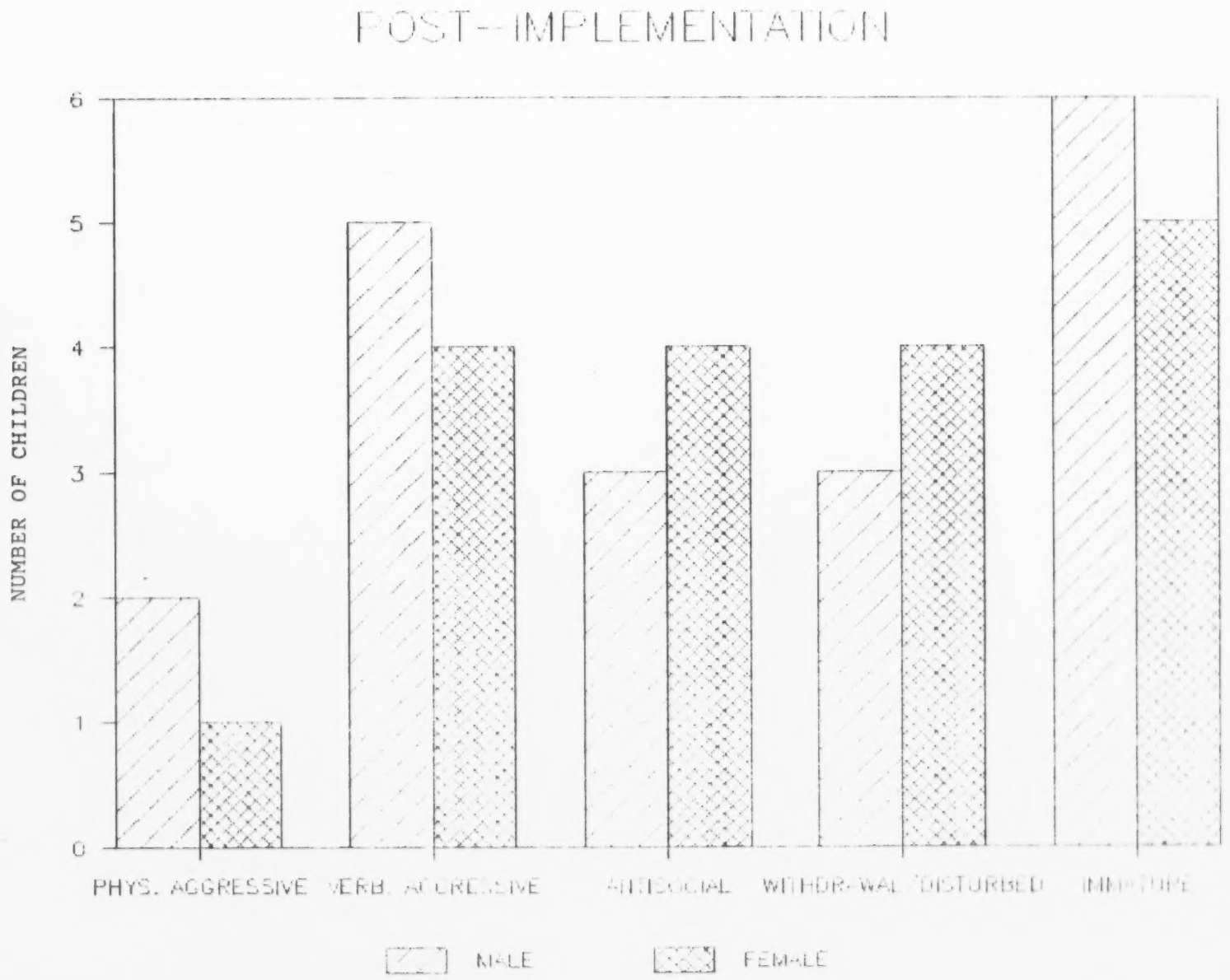
Parents will be encouraged to borrow (on a weekly basis) from my selection of children's books dealing with the above situations. If a situation is present and I do not have an available children's book I will obtain one. Please see me to borrow your first book and to discuss any questions you may have.

We appreciate all the help you can give us in trying to make each new school day an exciting, fulfilling, joyful experience for your child.

63

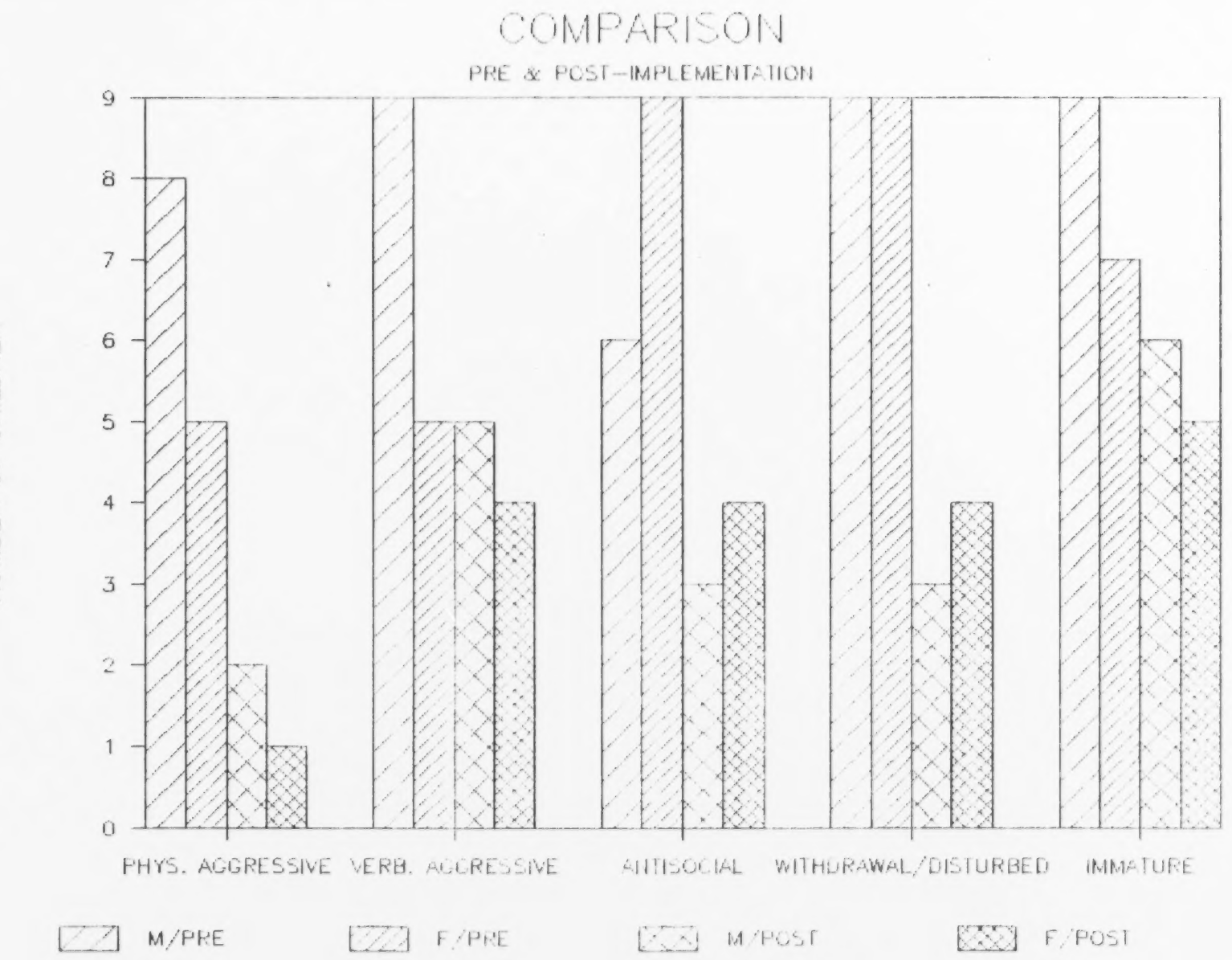
APPENDIX J

OCCURRENCES OF STRESS RELATED INDICATORS
POST-IMPLEMENTATION



APPENDIX K

COMPARISON OF OCCURRENCES OF STRESS RELATED INDICATORS PRE AND POST-IMPLEMENTATION

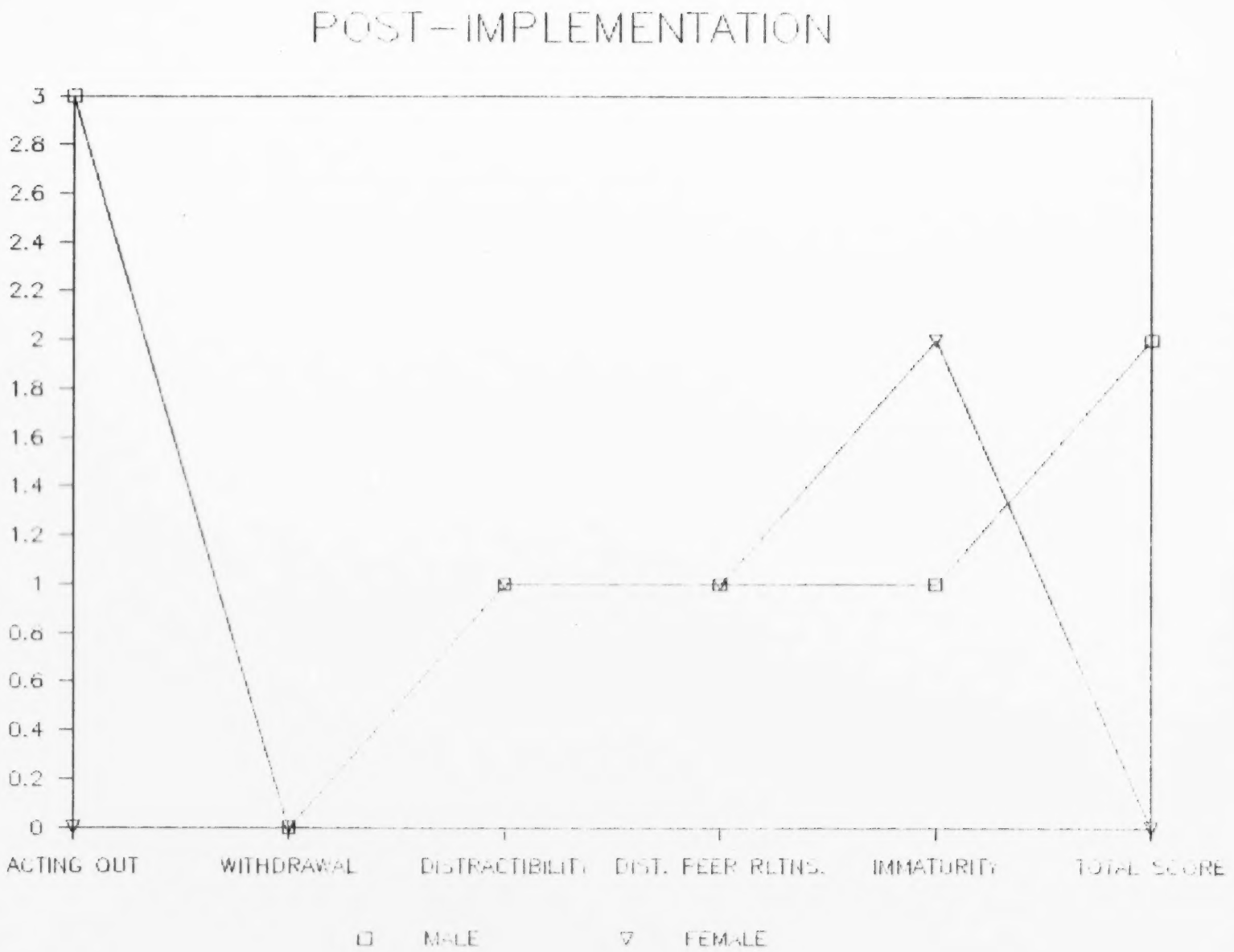


APPENDIX L

CHILDREN SCORING A T-SCORE OF 60% OR HIGHER
POST-IMPLEMENTATION

67

CHILDREN WITH T-SCORE OF 60% OR HIGHER



APPENDIX H

COMPARISON OF CHILDREN SCORING A T-SCORE OF 60% OR HIGHER PRE AND POST-IMPLEMENTATION